PLACE OF DEATH prope PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED may (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIfLESS than The CAUSE OF DEATH \* ESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ..(Duration) ......yra. .....mos ......ds. œ which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 00 J 1923/ (Address) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 2 OF MOTHER ienta or Recent Residents) 18 BIRTHPLACE At place OF MOTHER of death ... ....yrs......ds. (State or country) Where was disease contracted. T if not at place of dea.h?.... 14 THE ABOVE IS TRUE Every Item CIANS sho statement Former or usual residence ..... 19 PLACE OF BURIAL OR REMOVAL Filed May 2 m

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward)

a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Dav) I HEREBY CERTIFY, That I attended the decemed from and that death occurred on the date stated above, at

\*State the I isease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hoapitals, Institutions, Trans-In the

DATE OF BURIAL

If more banks are needed, addres tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife Housework, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, For many occupations a yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEALE INVESTIGE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. American Medical Association.) carbolic acid-probably suicide. The nature of the injury decident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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Count	PLACE OF DEATH  Ay Tarford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8 0		
Village of	1 1	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX	ale White Single, Widower or Divorced (Write the word)	16 DATE OF DEATH May 26 19\$/		
6 DATE	OF BIRTH  (Month) (Day) (Year)	that i last saw had alive on Many 23, 1931		
7 AGE	73 yrs. 11 mos. 13 ds. or min.?	The CAUSE OF DEATH * was as follows:		
(b) Gerbusines which		(Duration) yrs. mosds.  Contributory		
10 N F/	HAME OF ATHER  IRTHPLACE F FATHER	(Signed) (Address) Log ELVID		
Z (U 12 M	(State or country)  MAIDEN NAME F MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Racant Rasidents)		
01	RETHPLACE F MOTHER (State or Country)	At place In the of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?		
T	ormant) Frank Bauer or My KNOWLEDGE (Address) Edgewood P.O. My	if not at place of dea.h?		
Filed	May 29 1981 Fred Morlok Registras	20 UNDERTAKER  Howard Kimchamas Abom golon ma		
	if more branks are needed, address Stata Registra	r, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.		

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
1. PLACE OF DEATH				

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0:	1	3	3	I

County Harford	Registration Dist. No. 185
Village or City Sterredo Groce	St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	1
2. FULL NAME Olyra Sond	
(a) Residence: No. Attraction, That	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Maybeel	21. DATE OF DEATH  (Morth) (Day) (Year)
5a. If married, widowed or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Sau N-1874	
6. DATE OF BIRTH (month, day, and year) Tall 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm
h3 4 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	All mitters
9. Industry or business in which	Cheome mynunes
work was done, as SILK MILL, SAW MILL, BANK, etc.	Of the Allen by Allen
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spant in this occupation occupation occupation	Cadalle Celongenesisa.
12. BIRTHPLACE (city or town) Marulan J	Other Coutributory Causes of Importance:
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Inlie Trinage.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 11. Strong 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT John Soul (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mr Calvery Date May 17, 1931	
19. UNDERTAKER Sense January House	24. Was disease or injury is any way related to occupation of deceased?
20. FILED May 16, 19 & 1 Schas. J. Joley. M. D. Registrar.	(Signed)
If more blank, are needed address State Remistrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI- d. Exact	PLACE OF E
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### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 183

No. 1

Village or City Ceffor (No. ,	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SYNGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 19 (Month) (Day), (Year)  17 I HEREBY CERTIFY. That I attended the deceased from
6 DATE OF BIRTH	may 14 151, 10 may 19 1531
Dec 12 1892	that I last saw human alive on may 18 198/
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at ./O
Hayrs. 5 mos. 7 de. or min. ?	Cerebral hemoploges
(a) Trade, profession or particular kind of work	terminating a hyportension
(b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration)yrsmosde.
9 BIRTHPLACE (State or country) Belte a md	Contributory Secondary  (Duration)
10 NAME OF GREAGE W Bown	(Signed) Welland P. Hudson M.D.
of Father (State or country) Balts ma	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Bleans of Injury: and (2) whether
(State or country) Dollo ma 12 MAIDEN NAME OF MOTHER Laura Jane Henteline	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Balto Co md.	At place in the of death yrs. mos. da. State,yrsmosda.
H THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs GN. Bown	Former or usual residence
(Address) Taylor Such	reollaur Cem Galo may 22 198/
File Dray 20 1931 Thomas P. Brown	20 UNDERTAKER  E OFFI A Samuel golle

'f more blanks are needed. address State Registrar, 16 W. Saratoga Ct., Balto., Requesting V. 8

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons enwhatever, write None. tired 6 yrs.). state occupation at beginning of illness. If retired from or given up on account of the disease causing beath, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At vehool or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Worked on may form part of the second statement.

Never return "Laboret," "Foreman," "Munager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman. (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. fulness of various pursuits can be known. The ques-Statement of Occupation- Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term ou especially in industrial employments, it is neceswithout more precise specification as Day who are engaged in the For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-As examples: (a) duties of the The material But therefore an

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"). Lobor pneumonia, Bronchopneumonia ("Pneumonia.")

pead State Nomehelature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the ture of Poisoned by carbolic acid—probably train-accident; Revolver wound of head-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken "PUERPERAL seplicaomia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated nuless important. use of "Tumor" for malignant neoplasms); Meastes; Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart myes, per unqualified, is indefinite); Tuberculosis of lungs, men (secondary cause For the hjury, as fracture of skull, and consedeath), 29 "contributory." "Debility" ("Congenital," "Senile," etc.), or intercurrent) affection need VIOLENT DEATHS STATE MEANS OF INJURY for which surgical operation was underde origin; "Cancer" is less definite; avoid ewm, etc., Carcinoma, Sarcoma, etc., of d.s., (Recommendations on state-Bronchopneumonia Example: Meastes "Апастіа" Always qualify all failure." "Haemor The coutributory suicide. The na-"Coma," -homicide; (disease (second-(merely "Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 <sub>PLACE</sub>	OF DEATH	
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/illage or City	White Hable	md.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

2 FULL NAME John alraham A	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 26, 1931.
Yene 19, 1930 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from May 2 1 1921. to May 26 ,131, that I last saw hum alive on May 25 , 1921, and that death occurred on the date stated above, at 154 H, m.
yrs. /o mos. /7 ds. or min.?  UPATION rade, profession or cular kind of work	Brancho gracumana a complication.
HPLACE tate or country) Hayford Co. Zul	Contributory Secondary (Duration) yrs mos ds.
BIRTHPLACE OF FATHER (State or country) Haffed Co. Ind.  MAIDEN NAME)	(Signed) 1921 (Address) Struct Labora M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
BIRTHPLACE OF MOTHER (State or Country) Harfard Co. Ind	18 LENGTH OF RESIDENCE (For lients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Address) While Itall, Said	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Prine Save  May 18, 1910.
May 27 1031 Thomas P. Brown	P. Marklin Low white Hall and

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Physician, Compositor, Architect, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchogneumonia ("Pneumonia,")

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Village or City Fountain O No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.   St.:   Ward)   (If death occurred in a hospital or institu-
2FULL NAME Rolly E	Clond tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED WORD OR BIVORCED (Write the word)	16 DATE OF DEATH 1931  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1929 to may 19 , 1981,  that I last saw her alive on may 19 , 1861,
7 AGE 37 yrs. 3 mos. 15 da. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Pulmoury Duberculosis
business, or establishment in which employed or (employer)	(Durstion) Jursmosds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  (State or country)	Contributory Secondary  (Duration)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) Blo Clorian  (Address) Bul - air Mod 1  15 Filed May 19 192/12 Richards	Where was disease of dea h?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  May 21, 13  20 UNDERTAKER  ADDRESS
Registra:	ar, 16 W. Saratoga St., Balto., Leguesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., wirelaborer, ...harer, Farm laborer, ...ha are should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Dealtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (6) Automobile factory. The material Laborer-Coal minc, etc. Wom-Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> (secondar or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomtetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

N. B.

PLACE OF DEATH			STATE OF	MARYLAND
County Harford	ssaces da od simeramon bidar	(83)	CERTIFICATE	OF DEATH
Aberdeen Proving	Ground (No	•	Registration St.: Ward	Dist. No. / S    (If death occurred in a hospital or institution, give its NAME i) - stead of street and number.)
PERSONAL AND STATI		MEDI	CAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RA		16 DATE OF DEATH	May 2	, 19931 2 (Day) 1931(Year)
	22 , 1878 (Year)	Sept. 15	Y CERTIFY, That I at 19230 to May	tended the deceased from 19231, 19231, 19231,
52 yrs. 5	mos. 11 ds. or min.	. The CAUSE OF DEA	TH * was as follows:	l above, at 2,00A e.m.
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) New Hard 10 NAME OF FATHER John H. In BIRTHPLACE OF FATHER (State or country) At (State or country)	ven Conn.	Contributory Secondary  (Signed)	None  None  Joseph M. White  (Address) Aberd  Disease Causing Death, state (1) Means of Ir	Major, MC. M. D.
13 BIRTHPLACE	ca New York  Est of MY KNOWLEDGE	At place of death	mos. 2ds. In the	tals, Institutions, Trans- te 1 yrs.5 mos. 2 ds.
(Address) Aberdeen	kels n Proving Ground, Md.	19 PLACE OF BURN. Arlington N	ational Cem'tr	DATE OF BURIAL May 4 19 31
5 Filed May 4 1923/	OS/Usehul Registras	20 UNDERTAKER Henry Tarring	& Sons	Aberdeen Md.
If more b.anks	are needed, addre. s Ltate Kegistra	ar, 16 W. Saratoga St.,	Ballo Kequesting V.	S. I.o. 1.

15935

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an wark, or At Home, and children, not gainfully emer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Labarer—Coal mine, etc. Wom-Spinner, should be used only when needed. additional line is provided for the latter statement; it cases, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6. yrs). business, that fact may be indicated thus; Farmer trestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed ployed, as At school, ar At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Hausckeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Campositor, Architect, or given up on account of the DISEASE CAUSING DEATH, to report Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Catton mill; (a) Salesman, (b) man, (b) Automabile factory. The specifically the occupations of persons en-For persons who have no occupation Locamolive engineer, As examples: (a) 6) materia Grocery;

Strtement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchapueumania ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Paisaned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Examples: Accidental drawning; Struck by railway train-American Medical Association.) danus) may be stated under the head of "contributory." Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chranic Example: Measles (disease affection need not be etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

V	7	-ISYH4	Exact
	1		ifled.
	CORD	EXACTLY	class
	Ţ	stated E	be properly classifled.
SNG	Ŏ	te s	y be pi
Degree .	- 14	70	>

ation should be carefully supplied. ACE should be successfully CAUSE OF DEATH in plain terms so that it may be properly classifled. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, -COLOR OR RACE 3 SEX MARRIED. WIDOWED OR DIVORCED 6 DATE OF BIRTH (Month) (Day) 7 AGE (a) Trade, profession or particular kind of work (b) General nature of industry ATION is very important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME should state should state OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Cians should statement of ( 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

PLACE OF DEATH

	-	
6	81	
V	00	P.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institution, give its NAME is stead of street and number.)

NAME:	
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE   5 SINGLE, -   MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 12 , 193/
September 23, 1818 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Alexander 1930 to May 1, 1931, that I last saw here alive on May 11, 193,
72 73 yrs. 2 mos/8- ds. or min.?	and that death occurred on the date stated above, at ///// m.  The CAUSE OF DEATH * was as follows:
ssion or of work  re of industry olishment in	Burns of left hip Enthattock: Fell against
W) New Orleans La	Contributory Secondary  Contri
Jaron a. Frozer	(Signed) & Stand de Session (Address) 2 Sand de Session
untry) · Louisian	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
georgian Mote-	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death yrs 6. mos. // ds.  Where was disease contracted.
Miss Bessie Trager	Where was disease contracted, Pocks, Md, if not at place of dea.h?  Former or Rocks, Md, 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Bocke Hel	Bock Spring Comesce May 12, 1931. 20 UNDERTAKER ADDRESS TO CASULTONIES
Registrar  If more banks are needed, address State Registrar	, 16 W. Saratoga Str. Bato., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. etc., Foremun, For many occupations a or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons (b) Automobile factory. The If the occupation has been changed Laborerwho have no occupation single word or term on -Coal mine, etc. material Grocery,

Statement of Cause of Death—Name, first, the Disteraction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstilial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by cough; " "Heart failure," Committee on Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. valvular heart Nomenclature The contributory Measles; disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is "permanently filed."

				15	Q
PLACE	OF	DEATH		ju	

STATE OF MARYLAND CERTIFICATE OF DEATH

County H	arford	CERTIFICATE OF DEATH
		(131) Registration Dist. No. 180
	Edgewood, Md. (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex Female	White Single, Widowed Or Divorced (Write the word)	16 DATE OF DEATH May 5th, 1931  May (Month) 5 (Day) (Year)
DATE OF BIR	December 4th, 1845	April 24 May 5 1931
AGE	85 yrs. 5 mos. 1 ds. or	than and that death occurred on the date stated above, at
(b) General n business, or e	rofession or None and of work None sature of industry establishment in yed or (employer)	3.Anemia, secondary due toNo.1&2.
State or co	Richmond, Va.	Contributory Ansascara and ascites, mod- Secondary erate to Northcown.  (Signed) Benjamin T. Sharpton, Capt., M.C., M. D. May 6 31, (Address) Edgewood Arsenal, Md.
10 NAME C		(Signed) Benjamin 4: Sharpton, Capt., M.C., M. I. May 6 31, Aller Edgewood Arsenal, Md.
OF FATE		*State the lissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN	n a 1 a min 200 7 7 7	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	HER r Country) Virginia	At place of deathyrsmosds. In the Stateyrsmosd
	J. M. Brodie,	if not at place of dea.h?
	ress) Edgewood Arsanal, Md.	Roanoke, Va.  Date of Burial May 7,1931
Filed Ma	y 6 19831 Fred Morlos	20 UNDERTAKER Abbingdon, Howard K. McComas

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborershould be used only when needed. As examples: (a) fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DE g gcd in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housenwid, etc. If the occupation has been changed household only report first line will be sufficient, e.g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the (b) Stationary fireman, etc. But in many (not paid Housekeepers who receive a Automobile factory. The single word or term on -Coal mine, etc. Wom-6 The quesmateria Grocery,

spinal meningitis"); Diphtheria (avoid uso of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis-Typhoid .fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> (thelanks) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart' failure," "Hacmorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; taken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all qu stions and must be obtained before the certificate is

V. S. No. 1

(N	9	od. Exact
	CORD	ACE should be stated EXACTLY, PHYSI- to that it may be properly classified. Exact uctions on back of certificate:
DING	IS A PERMANUT CORD	ild be state ay be prop back of ce
OR BINDING	A PER	CE shouthat it milons on
O	IS	O

PLACE OF DEATH	05938 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
my / A	Registration Dist. No.
Village or City abudeen (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Mobert W. Fre	ffin steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married, Married, Wildowed, Married (Write the word)	16 DATE OF DEATH May 13, 1931  (Month) (Day) (Year)
6 DATE OF BIRTH  WIKNOWN , 1	17 May   HEREBY CERTIFY, That I attracted the deceased from
(Month) (Day) (Year)	that I lest sew hoursalive on 1997,
7 AGE  If LESS tha  I day hr  or min.	s. The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or Rabol particular kind of work	Cerebral Hemorebage
(b) General nature of industry business, or establishment in which employed or (employer)	Duretion) Tre mos & de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Surayout a mos mos de.
10 NAME OF FATHER Jaac Griffin	(Signed) (Address) Plead Sur.
II BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlotte Gloves	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mr. Robt a. Griffin	usual residence
(Address) aberdem R7D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 1, 19 31
15 filedboy 15 1921 Olleelev Registrar	Principal / de la
If more bianks are needed, address State Registr	ar, 16 W. Seretoga St., Palto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; inges, 'peritonaeum, etc., Careinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Mcdical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; ChronicExample: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7 AGE    If LESS   I day	STATE OF MARYLAND CERTIFICATE OF DEATH	
	Village or City Lde State (No.  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OF RACE  MARRIED. New York OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month)  (Day)  (Year)  7 AGE  IFLESS th I day h I day h I which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE	Registration Dist. No. 185
	Village or City Holdel Stace (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MARRIED. MENUEL WIDOWED OR DIVORCED	16 DATE OF DEATH 200 1923/ (Month) (Day) (Year)
	January 31, 1871	that I last saw halive on Manual Manu
200000	I dayhrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
200	(a) Trade, profession or particular kind of work	Chronic Myco Settis
	business, or establishment in which employed or (employer)	Contributory Secondary  (Duration)  yra mos de.
is very init	(State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed) TO Mouration) yrs. mos. ds.  (Signed) TO M.D.  My / 19231 (Address) HAVA D. Hys.
	Z (State or country) Maria .  12 MAIDEN NAME OF MOTHER SALA A L.	State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  AB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	OF MOTHER (State or Country) Waryland,	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	man & D. Grand	if not at place of death?  Former or usual residence
	(Address) Hallerse. Mid,	wordlanden, emy 4, 1931
0	15 Filed May 11, 19231 Lang Jolen M. Registrar	Lecunglouson Hadres
	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

05029

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. especially in industrial employments, it is neces-For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Recommendations on statement of cause of death American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HUN 5 19

PHYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is -stead of street and number.) stated proper: PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, MARRIED, 4 COLOR OR RACE 16 DATE OF DEATH 90 WIDOWED. OR DIVORCEBO may hould (Write the word) BIND I HEREBY CERTIFY. That I attended the decemed 6 DATE OF BIRTH may that If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. rms or min.? ESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in (Duration) 2 mporta which employed or (employer) Contributory @ I MARGIN 9 BIRTHPLACE Secondary (State or country) PO EA OG 10 NAME OF (Signed). shoul E CF FATHER 2/1923 [ (Address) 11 BIRTHPLACE OF FATHER CAUSE RENT the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER nform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or country) Ö Where was disesse contracted, of should 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?. Every Item CIANS sho usual residence. (Informant) DATE OF BURIAL If more blanks are needed, addre-s State Registrar, 16 W. Saratoga St., Balto., Requesting 1-00

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Hausework, or At Hame, and children, not gainfully emer," etc., without more precise specimens. "I doorer, Farm laborer, Labarer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Fareman, (b) Autamobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer ar Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, ar At hame. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, tion applies to each and every person, irrespective of For many occupations a single word or term on Locamative engineer, But in many

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"(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-prabably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchapneumania (secondary), Chranic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic and consequences (e. g., sepais, valrular heart disease; affection need not etc. The contributory

answered in detail, it will prevent further correspondence. All the data is besential and must be obtained before the certificate is permanently filed.

5

BINDING

FOR

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 5 1931	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. be MARGIN RESERVED AGE should be mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

1. PLACE OF DEATH	- GER
County Harfad	Registration Dist. No. 183
Village or City Reglesvilles and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 (Day) 193(Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Community of State of BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day, hrs. or min.  8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (Stata or country)	I HEREBY CERTIFY, That I attanded deceased from  18/, to
13. NAME Sort MANAGE (city or town). Down Manage	Name of operation. Date of
(State or country)	What tast confirmed diagnosis? Was thera an au opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Pellow Sheft Cerm Date May 4, 193 (	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER W. H. Welt. (Addrass) Fawn Grove Pa  20. FILEI May 2. 1931 Thomas P. Brown  Registrar.	24. Was disease or injury in any way related to occupation of deceased? WO  If so, specify  (Signad)  (Addrass). Stoog R. Over 9

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	The state of the s			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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- 15	1PLACE OF DEATH
HYS EX	County Harford
d. 6	

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### STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH  DEATH  Saw him after dea (\$192)  3/ (Month) (Day) (Y/4)/3/  HEREBY CERTIFY, That I attended the deceased from
Jaw hun offin dea (*192 
192 to
of DEATH * was as follows:  Make the date stated above, at Charles 4 m.  OF DEATH * was as follows:  Make the world of head  Care and late  (Duration) yrs. make the date of t
(Duration) yrs mos ds.  W. 10 7 Cuch  M. D.  3/ 198/ (Address) Death, or, in deaths from Caus.s, state (1) Means of Injury and (2) whether, Suicidal or Homicidal.
, Suicidal or Homicidal.  OF RESIDENCE (For Hospitals, Institutions, Transfecent Residents)  In the State yrs ds.  sease contracted, ce of death?
F BURIAL OR REMOVAL  Ling on Ceem June 1., 1931.  JADDRESS  Daily Daylington Ma

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. fulness of various pursuits can be known. The quescupation is very important, so that the relative health gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, Spinner, (b) Colton mill; (a) Salesman. the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> W American Medical Association.) approved "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Hart failure," "Hart failure," "Old Age, causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature of the cough; Chronic and consequences (e.g., sepsis, etc. valvular heart disease The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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N. B.--

County Lauford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8
Village or City Bendon (No	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR BACK  MARRIED  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH Way 1 18 31 , 192
6 DATE OF BIRTH  (Moght) (Day) (Year)	that I last saw h alive on affect 30, 1937
7 AGE   If LESS than   I dayhrs. ormin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work  Mill Murgh?	Chronic nephritis wife
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Clarify 15. mos L. ds
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) (Furstion) May y finos. de (Signed) M. D. M
Z (State or country) welluours .  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of death
(Address) Buson ms.	19 PLACE OF BURIAL OR PENOVAL, DATE OF BURIAL  A Mary Curry Curry Levy May 14, 19.3.
15 Filed May 3 198MERichardson Registral	Louleges & Good Benson ma
If more b.anks are needed, addre.s tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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os July

st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; by Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the

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JRE

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
W19 W In an	Registration Dist. No. 185
Village or City Rolling (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME i
2 FULL NAME Harry 8. Kein	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWES	16 DATE OF DEATH May 30 . 198/
Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year)	that I last saw h Walive on Myory 30, 1927
7 AGE     If LESS than	
yrs	
OCCUPATION	Boncho Tneumon
(a) Trade, profession or particular kind of work	3
particular kind of work  (b) General nature of industry	(Durstion) yrs. mos. /Z.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Cardias Failure
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Candian Failure Secondary
particular kind of work  (b) General nature of industry business, or establishment in which imployed or (employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory Cardias Failure
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  Alfred A. Keunedy	Contributory Secondary  (Durstion)  (Durstion)
particular kind of work  (b) General nature of industry business, or establishment in which imployed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 BIRTHPLACE (State or country)  13 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion)  (Signed)  (Signed)  (Market John M.
particular kind of work  (b) General nature of industry business, or establishment in which imployed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)
particular kind of work  (b) General nature of industry business, or establishment in which imployed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Settude Messeullast  13 BIRTHPLACE  13 BIRTHPLACE	(Signed)  *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.  *B LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place  In the
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particular kind of work  (b) General nature of industry business, or establishment in which imployed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  15 MAIDEN NAME OF MOTHER (State or Country)  16 MOTHER (State or Country)	Contributory Secondary  (Signed)  (Signed)  *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of death
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particular kind of work  (b) General nature of industry business, or establishment in which imployed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Contributory Secondary  (Durstion)  (Signed)  (Signed)  *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not et place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (a) Foreman, (b) Automobile Jactory. The materia. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Former (see or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Form laborer, Loborer-Cool minc, etc. Womwithout more precise specification as Doy

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> (Recommendations on statement of cause of death approved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJURY as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy troin .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

V. S. No. 1

	05946
PLACE OF DEATH	STATE OF MARYLAND
County Martord STRIN CORPORATOR	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Kare de Lines The	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Levre List	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORGED OR DIVORGED	16 DATE OF DEATH MAY 15, 19831
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	my 10 1981 to my 15 , 1981,
(Month) (Day) (Year)	that I last saw h Malive on The 3 , 1981.,
7 AGE	and that death occurred on the data stated above, atm,
alt, 74 yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
R OCCUPATION	total plumoner
(a) Trade, profession or farmer	
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos. de.
which employed or (employer)	Contributory
(State or country) Mary House	Secondary Agardion) yrs mos ds.
10 NAME OF FATHER GLASS	(Signed) 7 1 Moling M.D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state_(1) Means of Injury and (2) Whether
OF MOTHER & Olanda And	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds.
(State or Country) / Manylund,	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or pusual residence
(Informant) are se scarios files	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) detsrace, red.	Gravely Hill may 18, 19 81.
15 Filed May 18 1981 Charles J. Joley & D. Registrar	20 UN DERTAKER LOUIS ADDRESS  ADDRESS  ADDRESS  ADDRESS
	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—cour me en at home, who are engaged in the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEACH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, etc., Without more process. Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation duties of the 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the Dis fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> letanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Always qualify all Measles; not be

data is essential and must be obtained before the certificate is permanently filed answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

1	T.
NT ECORD	stated EXACTLY, properly classified of certificate.
	8 9 ×
WRITE PLALY VITH UNFADING INK-THIS IS A PERMANT ECORD	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate.
WR	BEvery it CIANS stateme
1	-
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	11.1.7.7.0
PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
County	93-0 CERTIFICATE OF BEATTI
000	Registration Dist. No. / )
Village or City hurelustle No.	St.: Ward) (if death occurred
	a nospital of linet
2FILL NAME (Slove # 1/1)	laguell stead of street a number.)
- TOLE WAINE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH M
finale White WIDOWED.	May 25, 1931
(Write the word)	(Xonth) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY That I attended the deceased from
De 5 1852	May 20 1931 . May 25 , 192
(Month) (Day) (Year)	that I West saw her alive on May 25 108
7 AGE (If LESS than	- 1 1
I dayhrs	and that death occurred on the date stated above, at /.,
78 yrs. 5 mos. 20 ds. or min.	
8 OCCUPATION	
(a) Trade, profession or former duty	al al
(b) General nature of industry	I knowe myreadus
business, or establishment in	Quration) 5 yrs mos
which employed or (employer)	Other om ata-
9 BIRTHPLACE (State or country)	Contributory Secondary
(orace of coddens)	(Duration) 5 yrs mos
FATHER Dr Ruhen & Harles	(Signed) XII, Magraw M.
	May 0/5:031 (All Pleas Mars la m
OF FATHER	*State the Disease Causing Death, on in deaths from
Z (State or country)	*ftate the Disease Causing Death, of in deaths from Violett Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME CO	
a of Mother Cly & charffer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrsmosds. Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
20 H 00	Former or
(Informant) bles Verrell	usual residence
(1). OR.OG m. 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Det Cu	dumbertle Justy my 27, 193
15 - May 27 1021 1/8 Chr. 1011	20 UNDERTAKER ADDRESS
Filed lay 27 19231 DE Chambers	1 8 July Rel Can mot
/ La /	

(Approved by U. S. Census 2nd American Public Health Association.)

fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) sary to know cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6)

Statement of Cause of Death—Name, first, the discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Mcasles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Examples: Aecidental drowning; Struck by railway train Chronic interstitial nephritis, (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart not be disease;

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JUN 5 193

WRITE PL

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact

4	PLACE OF DEATH	STATE OF MARYLAND	
1	County Harfurd MITHIN COMPONATOR	Registration Dist. No. 185	000000
	Village or City Havre-de- Grace Haspi	St.: Ward) (If death occurred a hospitel or instition, give its NAME	itu-
ificat	2FULL NAME Walter Mayo	steed of street anumber.)	and
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ack of	Male lolared Single, MARRIED, WIDOWED. OR DIVORCED Single (Write the word) Single	16 DATE OF DEATH May 28, 198/	
d no snoi	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 20 1921 to 23, 193 that I last saw h A alive on May 28, 193	1
nstruct	7 AGE	and that deeth occurred on the date stated above, at	,m.
See I	(a) Trade, profession or particular kind of work  (b) General nature of industry	plowing allo accident	***************************************
oortani	business, or establishment in which employed or (employer)  9 BIRTHPLACE	Contributory Danley Timur	de.
ry im	(State or country) Leling, Narth Carolina	(Signed) (Signed) M. (Signed) M.	.ds.
ls ve	FATHER Steury Mayo (deal)  II BIRTHPLACE OF FATHER  OF FATHER	My 35 1981 (Address) Have De Jace 1	M
20	Z (State or country) Theling Harth Carol	State the Discase Causing Death, or, ia deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
A V	of MOTHER Pluny Mulls (alad) 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra- ients or Recent Residents)	1710-
	OF MOTHER (State or Country) North Carolica	At place of deathyrsmosds. In the Stateyrsmos	.eb,
10 11	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
atemer	(Address)/037, Restand Ave Balto	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 28, 195	3/.
18	15 Filed May 25 131 Charles & Tolay 25	Leverington Son Halbrar	4
	If more blanks are needed, eddre.a Ltate Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The inaterial or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-3 Grocery;

Statement of Cause of Death—Name, first, the DISEARS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on earbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, can be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular and consequences (e. g., sepsis, etc. The contributory Nomenclature Always qualify all heart disease;

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. -.... Ward) (If death occurred in a hospital or institustead of street and wumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SEX 4 COLOR OR RACE15 SINGLE. MARRIED. WIDOWED OR DIVORCED (Month) (Day) (Write the word) HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH that I last saw h and addres on A C. (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. ·mos.....ds.lor....min. ? te 8 OCCUPATION (a) Trade, profession or 2.5 particular kind of work..... (b) General nature of industry Q business, or establishment in ..... (Duration) .....yrs.....mos.....ds. which employed or (employer)..... Contributory Secondary (State or country) [a] 0 10 NAME OF TATHER 1977 (Address) II BIRTHPLACE 1 \*State the Disease Causing Death, or, in deaths from O (State or country) Violent Causes, state (1) . leans of Injury: and (2) whether A cidental, Suicidal or Homicidal. Chi. 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Insilt fion . Trang-0. ients, or Recent Residents) 13 BIRTHPLACE O At place OF MOTHER 0 of death Stare, ....yrs. .... mos. (State or country) hould nt of Where was disease contracted, if not at place of death?..... usual residence... CIANS 19 I LACE OF BURIAL OR REMOVAL BATE OF BURIAL ADDRESS 203 if more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer; the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Inbover," "Foreman." "Manager," "Dealworked on may form part of the second statement state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (rewhatever, write None. Statement of Occupation-Precise statement of oe For many occupations a single word or term on duties of the

Typhoid fever (never report "Typhoid pneumenia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pncumonia, Statement of cause of Death-Name, first, the DIS-Bronchopneumonia ("Pneumonia,"

Fence. All the data is essential and must be obtained before the certificate is permanently filed.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be all the data and must be a quences (e.g., scpsis, tetanus) may be stated under the ment of eause of death approved by Nomenelature of the American Medical Association.) mges. peritonucum, etc., Curcinoma, Surcoma, etc., symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and eonsediseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions," ...... (name origin; "Cancer" is less definite; avoid bead of "contributory." Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weekness," etc., when a definite discase (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debility" Accidental drowning; Struck by railway Chronic valvular heart discase; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease failure." "Haemor-"Coma," Committee Measles; (merely "Conetc.

PLACE OF DEATH	STATE OF MARYLAND
County Harland	CERTIFICATE OF DEATH
0	Registration Dist. No.
Village or City Mean Bell Gusto	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME is stead of street an number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TE male, While Single, Mennie OR DIVORCED (Write the word)	16 DATE OF DEATH  2 3 , 1931.  (Mooth) 23 (Day) 173 / (Year)
Septembry 7, 1858 (Month) (Day) (Year)	7eb. 13 1931 to May 23 - , 1931
7 AGE   If LESS th   1 day h or mir	and that death occurred on the date stated above, at 10 mm. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work	Transverse Myelites
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 20 yrs. mos de
9 BIRTHPLACE (State or country) Mary and.	Contributory Secondary
FATHER BENNETT 9:168++.	(Signed) A. F. Vace T. J. Ben M. D. Way 24 1931 (Address) T. J. P. C. C. L. S. J.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidentel, Suicidal or Homicidal.
of MOTHER Martha S. Mc Comas  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place In the
OF MOTHER (State or Country) Mary/aced.	of deathyrsmosds. Stateyrsmosds  — Where was disease contracted, if not at place of death?
A THE ABOVE IS TRUE TO THE RESTOR MY KNOW! FORE	
	Former or usual residence
(Informant) Mr. Hr. O. Michael (Address) Bel Gir. B. P. D.	Former or

05050

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the Measles;

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	05951	
PLACE OF DEATH	STATE OF MARYLA	AND
County Harford	CERTIFICATE OF DE	ATH
	Registration Dist. No.	80
Village or City Wingdom (No	a hospital tion, give	occurred in or institu its NAME in street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Wilgred (Write the word) Wilgred	16 DATE OF DEATH  (Month) (Day)	, 1923/ (Year)
(Month) (Day) (Year)	that I last saw h Walive on May 6	, 192
7 AGE  86 yrs. / 0 mos. 2 8 ds.   If LESS than   1 day hrs.   or min.?	and that death occurred on the date stated above, at	1:30 am
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Herbel Harmonlog  (Duration)	17 ds
9 BIRTHPLACE (State or country) Ballimore, md	Contributory Secondary	mósde
10 NAME OF FATHER Last name Hackett	(Signed) Way 4 41 May 15 198/ (Address) Esty ELVO	M. D
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in do Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal.	eaths from 2) Whether
of Mother unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institu	tions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  MACHINE (State or Country)	At place of death	ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence	
(Address) Abingdon Md.	Abor godon Cornety may	F BURIAL // , 19.31
Filed May 10 1981 Fred Morlok Cocal Registrar	Howard 1 Maloma About	golon
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. American Medical Association.) cough; Chronic etc. The contributory valvular heart discase; Always qualify all

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PLAC	CE OF DEATH			-0595	STATE OF	MARYLAND
County C	Harford			92-2	CERTIFICAT	E OF DEATH
Village or C	FULL NAME MA	(No	Isa	Selle (	St: War	(16.1 - 1)
PERS	ONAL AND STATIST	TICAL PARTICU	LARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	lingle	16 DATE OF DEAT	Mary	18, 195
6 DATE OF E	Frebruar (Month	y 22 md	, 1887 (Year)	that I last saw h	5 1931.10	ttended the deceased in the part of the pa
7 AGE	44 yrs. 2		If LESS than I day hrs. or min.?	and that death occ	curred on the date state ATH * was as follows:	ed above, at 17'05
	profession or kind of work	Stanog	nabher	Torpho	and	rondel
	nature of industry	ost place of	1 Burplayer		040-000-0040	
business, or	r establishment in loyed or (employer) Sal	D 151	& Eurplanne ss + Eurpen	Contributory Secondary	(Duration)	4 yrs. mos
business, or which empl  BIRTHPLAC (State or  10 NAME FATHE	r establishment in loyed or (employer) Sal	D 151	d Employment Conference		(Duration)	yrs. mos.
business, or which emply 9 BIRTHPLAC (State or TATHE TO FATHE TO F	r establishment in loyed or (employer) Sellectountry) Maryl CE COUNTRY) Maryl CE CONTRY COF	D 151	Employers + Coffee	Secondary  (Signed) 70 192	(Durstion)  (Address)  Discase Causing Death state (1) Means of	h, or in deaths from
business, or which emply service or which employees the service	r establishment in loyed or (employer) Sacce country) Mary Sacce Country)	a Board Bra Land Ohver my Stun Waryland	Lastner	(Signed)	(Durstion)  (Address)  (Address)  Postate (1) Means of la or Homicidal.  RESIDENCE (For Hosp Residents)  In the particular of lands of lands or the lands of	pitals, Institutions, T
business, or which emply 9 BIRTHPLAC (State or 10 NAME FATHE 11 BIRTH OF FA (State or 12 MAIDE OF MO (State 14 THE ABOV	restablishment in loyed or (employer) Sacretic Country)  OF COF COUNTRY)  PLACE THER OF COUNTRY)  EN NAME THER OF COUNTRY)  EIS TRUE TO THE BESS	a Board Bra Land Ohver my Stun Waryland	ess+Copper	(Signed)	(Durstion)  (Address)  (Address)  Postate (1) Means of la or Homicidal.  RESIDENCE (For Hosp Residents)  In the particular of lands of lands or the lands of	pitals, Institutions, Tr
business, or which emply service or which employees the service	restablishment in loyed or (employer) Sacretic Country)  OF COF COUNTRY)  PLACE THER OF COUNTRY)  EN NAME THER OF COUNTRY)  EIS TRUE TO THE BESS	a Board Bra Land Ohver my Stun Waryland	Less + Explana Less + Explana	(Signed). *State the Violent Causes, Accidental, Suicidus 18 LENGTH OF Fients or Recent At place of death	(Durstion)  (Address)  (Address)  Postate (1) Means of la or Homicidal.  RESIDENCE (For Hosp Residents)  In the most described and the mo	pitals, Institutions, T

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as worked on may form part of the second statement. For many occupations a single word or term on At school, or At home. Care should be taken For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> atic), "Atropny, Curry," senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Iaemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory Measles ;

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permanently filed.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Examples: Accidental drowning; Struck by railway traincarbolic acid—probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; 'Congenital," "Senile," etc.), "Dropey, Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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V. S. No. 1

(M	S	Y, PHYSI-
	NTECORD	stated EXACTI properly classificate.
MARGIN RESERVED FOR BINDING	WRITE PL NLY WITH UNFADING INKTHIS IS A PERMA NT ECORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		Z

PLACE OF DEATH	STATE OF MARYLAND
County Marytra	CERTIFICATE OF DEATH
U Company	Registration Dist. No. /82
Village or City Kalmus (No.	
Q A	St.: Ward) (If death occurred in a hospital or Institu- tion, give its NAME is - stead of street and
2FULL NAME Orfant Par	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  May 6, 193/  (Mogth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may 6 ,1931	May 6 1921. to May 6 , 1925 f.
(Month) (Day) (Year)	that I last saw hell alive on, 192,
7 AGE UILESS than	and that death occurred on the date stated above, at 2145 A.m.
No yrs. No mos. No ds. I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Maryland	Secondary (Durstion) A yrsmosds.
10 NAME OF GEO Willand Rumsey	(Signed) Willand & Hudson M.D.
0 11 BIRTHPLACE OF FATHER	
Z (State or country) ML	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lora Miles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  OF MOTHER	At place of deathyrsmosds. Stateyrsmosds,
(State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Nay que / Cumsey	usual residence
(Address) Ralmia	Cares han-Com May 6, 19
15 File May 6 192 MC Kickardson Registrar	20 MA DEBTAKER ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
- If more Dianus are needed, address State Registrar	to the paracolar per parent Wednesting

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING -WRITE PLAINLY, W

STATE OF MARYLAND—(	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Harford.	Registration Dist. No. 18]
Village or City Hefer Harmony Church	No. St., Ward
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Mary Sola Silv	death occurred in a horpital or institution, give its NAME instead of street and number) , ds. How long in U.S. if of foreign birth? mos ds.
(a) Residence: No. May Varmon y Chu (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (quite the word) Single	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or county)	22. I HEREBY CERTIFY, Thet I attended deceased from  May 1, 1930, to May 16, 1931  I last saw h alive on May 15, 1931; death is said to have occurred on the date stated above, at Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Mibral Regungulations  Date of onset
13. NAME   Cremal Silver  14. BIRTHPLACE (city or town)   14. Distribution   15. Maiden NAME   Mary & Northman   16. BIRTHPLACE (city or town)   (State or country)   17. INFORMANT   Mary & Carrelia (Address)   Fured Bran May 18, 193/  18. BURJAL, CREMATION, OR REMOVAL   Pices Farming May 18, 193/  19. UNDERTAKER   Madison Mitchell (Address)   Vaire de Brace May 18, 193/  20. FILED May 17, 19 31 Beatha B- May 18, 194	Name of operation
Regisfar.	(Address) Werling Love Tours of the Address Street, Baltimore, Requesting U. S. Nol 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows:  Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every Item of information should be carefully supplied ACE should by stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING A PERMA FOR TH UNFADING INK---THIS IS RESERVED MARGIN WRITE PL. 9. S. No.

N B

PLACE OF DEATH	U5956 STATE OF MARYLAND
County Harfard	CERTIFICATE OF DEATH Registration Dist. No. 18
Village or City Churchville.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Dorothy Way &	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  New O, 181  (Month)—(Day)—(Year)
6 DATE OF BIRTH  May 8 , 1931  (Month) (Day) (Year)	that I last saw her alive on May 9, 1921.
7 AGE  O yrs. O mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	and a second
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, 0 m >s 2 ds.
9 BIRTHPLACE (State or country) Churchwilli hus	Contributory Secondary  (Duration), yrs g mosds.
10 NAME OF Major McKinley Summons	May 10 1931 (Address) Oberder IN
OF FATHER Z (State or country)	*State the Disrase Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Auchia Blushe Cockerly	in LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 EIRTHPLACE OF MOTHER (State or country)	At place of death yis mos. ds. In the State yis mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Churchwelle	19 PLACE OF BURIAL OR REMOVAL Phory 10, 193/
Filed May 10 1931 O.C. Michael Registras	Burned by father abender The
If more hanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Archivect, Locomotive engineer, Civil engineer, Stationary fireman, et. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmun. cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Firmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Or yrs). Farm lahorer, Laborer At Home, and children, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b the If the occupation has -Coal mine, etc. not gainfully embeen changed (6) (movery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. E amples: Cerebrowping fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Creup"; Puphoid fever (never report "Typhoid Pneumonia".

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sersis, tetanus) may be stated under the head of "contributory" taken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOWICITAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify : I Whooping cough; Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. valvular heart disease; The contributory " "Convulsions, Poiso..cd by Meusles ;

American Medical Association.)

by Committee on Nomenclature of the

permanently filed.

PLACE OF DEATH	05957 STATE OF MARYLAND
County Harbard	CERTIFICATE OF DEATH
	Registration Dist. No. 181
Village or City Wersher No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Tiemale White (Write the word)	May Month 16 (Day) (Vear)
B DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HERBY CERTIFY, That I attended the deceased from 192, 192, that I last saw halive on, 192
7 AGE  1 If LESS than I day hrs. 2 0 yrs. 2 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Potas in (I mide the Drawns of the first of the formation) of the first of the firs
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 MAIDEN NAME OF MOTHER (State or Country)  15 BIRTHPLACE OF MOTHER (State or Country)  16 MATHER MATHERAL	(Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed
(Informant) Mr. Wer Thomas Singleton  (Address) Werdeln Jeep  15 Mr. 24 31 OF 711, '1 . 1	Former or usual residence.  19 PRACE OF BURIAL OR REMOVAL  Love Cometary  20 UNDERTAKER  ADDRESS
Filed 1907 ( Full field Registra)	Senry Jarring Sons Werkelly Me., 16 W. Saratoka St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on who are engaged in the duties of the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	05958 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
At I	Registration Dist. No. 183
Village or City Con person (No	St.: Ward) (If death occurred in a hospital or institution, giva its NAME is stead of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED: OR DIVORCED (Write the word)	16 DATE OF DEATH 20, 1931  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h 20 alive on 1901
7 AGE    If LESS than   I day hrs.   ds.   or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	4
which employed or (employer)  BIRTHPLACE (State or country)  State or country)	Contributory Chapter Clampules Which Secondary Chapter
10 NAME OF Ster Strenter	(Signed) Welland P. Hellson M. D.
IN 11 BIRTHPLACE	may 22 1931 (Address) frust full mid
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a of MOTHER Charling horres	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Racent Rasidents)
OF MOTHER (State or Country) Selts, Co Jud	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) & H. Stade	Former or usual residence
(Address) Sharon me 4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 2,3, 193/
15 Filed May 2 1 1931 Thous P. Drown Registrar	Bethel Can, Jaire Thele
If more blanks are neaded, addra_s State Registran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coat mane, etc. woun-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICID State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) telanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-	PLACE OF DEATH  County Herriford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 182
F RECORD ated EXACTLY, F operly oldssiffed.	Village or City Beau Bellie S. S.	St.: Ward) (If death occurred in a hospital or institu- tion, give Its NAME in- stead of street and number.)
NT KI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Se of respective of the second	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  May 4, 198/ (Month) (Day) (Year)
PER son	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decemed from 1931 to 1931 to 1931 that I last saw seems alive on 1931 1931 1931
WRITE PLAINLY THE UNFADING INK-THIS IS A I. BEvery Item of Information should be carefully supplied. ACE CIANS should state CAUSE OF DEATH In plain terms so that statement of OCCUPATION is very important, See instruction	Soccupation   Gay   If LESS than   I day   hrs.   or   min.?	Chrome Provided Designs  (Durstion)
> ×	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Howemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of For many occupations a Wrs). without more precise specification as Day For persons who have no occupation single word or term on persons en-

Strtement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosginal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." Corbolic acid-probably suicide. The nature of the injury. (Recommendations on statement of cause of American Medical Association.) as fracture of skull, and consequences (e.g., sepais, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; If this certificate is looked over thoroughly and all questions Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage as Chronic valvular heart disease, etc. The contributory

PLACE OF DEATH  County Laylord	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 184
Village or City MC Carrier (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Why 2 / 1927 (Year) (Year)
Month) (Day) (Year)	I HEREBY CERTIFY, That Lattended the deceased from  Moy 2 193 . to Muy 2 193 . that I last saw h alive on 192
7 AGE    If LESS than   I day / 7 hrs.   O mos.   O ds.   or min.?  8 OCCUPATION   (a) Trade, profession or particular kind of work   (b) General nature of industry business, or establishment in which employed or (employer)   9 BIRTHPLACE (state or country)   O mos.   O ds.   or min.?	and that death occurred on the date stated above, at
10 NAME OF FATHER JAMES J. Smallins  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 OF MOTHER  15 DIRTHPLACE OF MOTHER  16 OF MOTHER  17 OF MOTHER  18 DIRTHPLACE OF MOTHER	(Signed)
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  15 Filed May 23 1923   M.W. Kush	Where was discare contracted, it not at place of deah?  Former or usual readence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  May 23, 1931  20 UNDERTAKER  ADDRESS  ADDRESS
Registras	ar, 15 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal maningitis"); Dinhlheria (avoid use of "Croup"); Sinal maningitis"); Dinhlheria (avoid Pneumonia"); Typhoid fever (naver report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular The contributory Always qualify all heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Harfred	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /81
Village or City Hickory (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MOY 6 195/ (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last say here alive on may 4 , 193/.,
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER DED. WELLS 11 BIRTHPLACE	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Signed)  *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)  At place of death
(Informant) Leon Wells (Address) Frust Hill ml  15 Filed May 7 1931 NE Richardson Registral	Former or usual residence.  19 PLAGE OF BURIAL FOR REMOVAL  Carry Nay Cem - May 7, 1931.  20 UNDERTAKER ADDRESS.  The Father Stone Fictory
If more b.anks are needed, addre.s : tat# Negistra	ar, 18 W. Saratoga St., Bulto., Lequesting V. Cho. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cooks Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman, (b) specifically the occupations of persons en-(6) Stationary fireman, etc. But in many For persons who have no occupation Automobile factory. The material Grocery; from

Strtement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia")

B permanently filed

answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is

(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." st\_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underthis certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart The contributory Measles ; disease;

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City Mean Bel Co (If death occurred in Ward) a hospital or institution, give its NAME it -Whitting stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. 16 DATE OF DEATH WIDOWED. OR DIVORCED may (Write the word) BINDI 6 DATE OF BIRTH i HEREBY CERTIFY. That I attended the deceased from (Day) (Year) 7 AGE IIfLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: THIS ESERVED min.? 8 OCCUPATION 99 (a) Trade, profession or CW particular kind of work plai Important (b) General nature of industry business, or establishment in UNFADING 2 R which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER State the Liseuse Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transnform ients or Recent Residents) 13 BIRTHPLACE In the At place of death. OF MOTHER ...yrs.......ds. (State or country) Where was disease contracted. if not at place of dea.h? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Item CIANS sho Former or usual readence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL EVERY **FODRESS** 20 UNDERTAKER If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 2 Sun

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile Jodory. The material worked on may form part of the second statement. fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planker, of Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day a For persons who have no occupation -Coal mine, etc. Wom-4 phone communication

s; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal EA. I CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

W.8).

and by Hudson. doctor's affidavit Peoples' on 5 diods. Never report mere symptoms tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Waakness." etc., when a definite disease form. ance Stated unless important. By w nooping cough; Chronic valvular heart disease; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be carbolic acid-probably suicide. The nature of tho injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as

Example: Meusles (disease

data is essential and must If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the be obtained before the certificate is

of the

### STATE OF MARYLAND CERTIFICATE OF DEATH

16 DATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME instead of street and

MEDICAL CERTIFICATE OF DEATH

HEREBY CERTIFY. Thatel attended the decomed and that death occurred on the date state above, at The CAUSE OF DEATH \* was as follows:

Secondary

\*St te the Discase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place of death yrs ......mos. Where was disease contracted, if not at place of dea.h?....

usual residence.

20 UNDERTAKER

DATE OF BURIAL

If more blanks are needed, addre state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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state occupation at beginning of illness. If retired from er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Forenuan, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

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'tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was understated unless important. Example: Measles (disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepeis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mon-(secondary Whooping cough; ...... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic The nature of the injury, valvular heart disease etc. Nomenclature The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

supplied. ACE should be stated EXACTLY, PHYSI-In terms so that it may be properly classified. Exact See instructions on back of certificate.

should be carefully supplied. ITH UNFADING INK--THIS CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important. Every item of CIANS should WRITE

N. B.

	PLACE OF DEATH	STATE OF MARYLAND
	County Harfred	CERTIFICATE OF DEATH
1	2 1:11	Registration Dist. No. 184
	Village or City Oardiff (No	St.: Ward) (If death occurred in
	2 FULL NAME Margaret & U	illiams tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jenule While Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH May 17, 193 /
	6 DATE OF BIRTH (1853)	17 HERERY CERTIFY That I strended the deceased from
	(Month)/ (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at
	78: yrs mos. 16 de. or. min.?	The CAUSE OF DEATH * was as follows:
	a) Trade, profession or particular kind of work	Cerebral Newsonlings
1	(b) General nature of industry business, or establishment in	(Duration) A gro. mgs (O do.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF PATHER POPULATION	(Signed) Levron ( Whathy , M. (b.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, ir teaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Jane. R	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of deathyrsmosds. In theyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mrs Meery Williams	Former or usual residence.
	(Address) Cardiff and	State rigel Comby May 20 1931
	Filed May 19- 19231 ) 1. J. S. Mc nalf-	Deurfolden Della P

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occurred in l or institustreet and

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the and children, not gainfully em-Salesman. Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L chopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. latamus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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9	ATI	be stated be proper
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PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
County .	Registration Dist. No. 18
Village or City Glewill (No	St.: Ward) (If death occurred in a hospital er institu-
2FULL NAME amelia & clema	tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWEL	16 DATE OF DEATH may 2 , 198)
T OR DIVORCED (Write the word)	(Month)—(Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
deft 29 186	april 22 1931. to may 2 , 1981, that I last saw her alive on may 1 , 1981.
(Youth) (Day) (Year)	
7 AGE If LESS the	an
Ob yrs. 7 mos. 4 ds. or mir	
B OCCUPATION (a) Trade, profession or 7/	
particular kind of work Nouse won 1-	
business, or establishment in	(Duration) yre note de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs mos de
FATHER has Terror	(Signed) // / 3 / 7 Cur M. D.
M 11 BIRTHPLACE	may 2 1931 (Address) Darling ho me
(State or country) hat 7600000	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER TOY TOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or country) how 1	of death yrs ds. State yrs de Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Into: pant) mm mami Fore	Former or usual residence
11. 1 P mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Have a grad no	- Charles and
15 Filed May 3 1931 Berlo B. Angle	H & Bailey harlington
If more b.anks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Recyceting V. S. No. 1.

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state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write Nonc. gaged in domestic service for wages, as Servant, ('ook en at home, who are engaged in the duties of the er," etc., without more property and mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Womadditional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of 9c-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Compositor, Architect. For persons who have no occupation (b) Autamobile Salesman. factory. The material Locomolive engineer (6) Grocery

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